

FILED MAY 8 1943

Registration District No. 120

Primary Registration District No. 4194

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Gentry  
(b) City or town Albany  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry  
(c) City or town Albany  
(If outside city or town limits, write "RURAL")  
(d) Street No..... (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Isaac Mark Robison

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Emma Haas  
6. (c) Age of husband or wife if alive 80 years  
7. Birth date of deceased Sept. 24 1854  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
88 6 25 hr. min.

9. Birthplace Newark Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business

12. Name John Robison  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Rachel Gardner  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Lester Robison  
(b) Address Albany, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/43  
(Month) (Day) (Year)  
(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Clifford B. Baker  
(b) Address Albany, Mo.

19. (a) April 21/1943 (Date received local registrar) (b) Lester M. Webster (Registrar's signature)  
(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19  
year 1943 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from April 13  
1943 to April 19 1943  
that I last saw him alive on April 19 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Ca. Stomach Duration 6 mos.

Due to.....  
Due to.....

Other conditions myocarditis 25 years  
(Include pregnancy within 3 months of death)  
arterial hypertension, arthritis

Major findings:  
Of operations.....  
Of autopsy..... H. B.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Frank H. Rose (M. D. or other) M. D.  
Address Albany, Mo. Date signed 4-20-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Charles Brooks

Licensed Embalmer No. 3329

P. O. Address Albany MO

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.